

**State of Hawaii  
Department of Public Safety  
Health Care Division**

**Addendum C**

**May 11, 2007**

**To**

**Request for Proposals**

**RFP No.: PSD 07-HCD-24  
Nursing Services at Correctional Facilities  
Statewide**

**Date Issued: April 5, 2007**

**May 11, 2007**

**ADDENDUM NO. C**

To

**REQUEST FOR PROPOSALS**

**RFP No.: PSD 07-HCD-24**

The Department of Public Safety, Health Care Division, is issuing this addendum to RFP No. PSD 07-HCD-24, Nursing Services for Correctional Facilities Statewide for the purposes of:

- ☐ Responding to questions that arose at the orientation meeting of <Date> and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☒ is amended to **May 16, 2007**
- ☐ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.
- ☐ Details of the request for final revised proposals.

If you have any questions, contact:

Marc S. Yamamoto, Purchasing and Contracts Staff  
Phone: (808) 587-1215  
e-mail address: marc.s.yamamoto@hawaii.gov  
Address: 919 Ala Moana Boulevard, Room 413  
Honolulu, Hawaii 96814

**May 11, 2007**

**ADDENDUM NO. C**

To

**REQUEST FOR PROPOSALS**

**RFP No.: PSD 07-HCD-24**

**Nursing Services for Correctional Facilities Statewide**

1. Replace page 1-1 with the attached amended "Procurement Timetable".
2. Page 2-13, Item 3: Will department accept a valid current driver's license from another State?

Response: Refer to Addendum B item 2.

3. All service provider's RNs and LPNs performing work for any correctional facility listed, shall be evaluated on their performance (Attachment D). Where is Attachment D

Response: The requirement to evaluate the provider's nurse is the provider's responsibility. The facility's clinical section administrator or designee will provide feedback as part of the evaluation process of the provider's nurse. The Attachment D is the State's Employee Performance Appraisal form as an example of an evaluation form. Applicant's may submit their own form as part of their proposal application.

4. Page 2-18, Item B (9): Attachment C – Wage Certification.

Response: Attachment C – Wage Certification is attached.

5. Page 3-4, Subsection V, Financial—Price Structure.

There are no budget forms required.

Pricing shall be the hourly rate per island:

**example:**

Oahu		Maui		etc.
<u>long term</u>	<u>temporary</u>	<u>long term</u>	<u>temporary</u>	
RN				
LPN				

6. Are all nurses required to have a current N-95 respirator fit testing and personal respirator?

Response: Yes, as we do on occasion have suspected cases of tuberculosis. FIT Testing is an annual process required by OSHA.

7. Do vendors have to be able to provide both long-term and temporary staff in order to participate in an award?

Response: Yes, refer to page 2-6, item "D" criteria for multiple awards:  
"In order to qualify for an award, the provider submit prices for both long-term and temporary hire for both LPNs and RNs applicable to any facility statewide."

8. Page 2-18, Item 9(a)The invoicing procedure states that a certified original tax clearance is required to be attached to each invoice. Is this really a requirement? How are we to get enough original certificates to accompany all of the invoices for the duration of the contract? Can we submit a copy of the original certificate with each invoice?

Response: Tax clearance is applicable to the last invoice for the contract.

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	April 5, 2007
Distribution of RFP	April 5, 2007
RFP orientation session	April 24, 2007
Closing date for submission of written questions for written responses	April 30, 2007
State purchasing agency's response to applicants' written questions	May 2, 2007
Discussions with applicant prior to proposal submittal deadline (optional)	April 25 to April 30, 2007
Proposal submittal deadline	<b>May 16, 2007</b>
Discussions with applicant after proposal submittal deadline (optional)	<b>May 17 to May 18, 2007</b>
Final revised proposals (optional)	May 25, 2007
Proposal evaluation period	May 8 to June 4, 2007
Provider selection	June 5, 2007
Notice of statement of findings and decision	June 6, 2007
Contract start date	July 1, 2007 or the commencement date stated on the Notice to Proceed.

## WAGE CERTIFICATE FOR SERVICE CONTRACTS

Subject: ~~IFB~~/RFP No.: PSD 07-HCD-24

Title of IFB/RFP: NURSING SERVICES at CORRECTIONAL FACILITIES

STATEWIDE

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with; and
2. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Offeror \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



State of Hawai'i  
EMPLOYEE PERFORMANCE APPRAISAL

HRD 526 (7/01)

Section #1			
Name of Employee		Position Title	
Social Security No.	Position No.	Salary Range/Step	Bargaining Unit
Department		Division/Branch	

Section #2	<b>PERFORMANCE APPRAISAL CATEGORIES &amp; EXPECTATIONS</b> (Complete this section by the <u>beginning</u> of the rating period.)		
a.	Goals/Projects: List any specific goals/projects, unless noted on other documents, to be accomplished during this rating period.		
Supervisor's Signature		Date	
b.	Supervisor's discussion with employee: My current job description, job related performance requirements, and the Performance Appraisal System process have been discussed with me. I received a copy of the PAS Summary for Employees.		
Employee's Signature		Date	

Section #3	<b>OVERALL RATING</b> (Complete at the <u>end</u> of the appraisal period)		
Appraisal:	Appraisal Period:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial	New	Annual	Partial Annual
Prob	Prob		
From: _____ To: _____			
<input type="checkbox"/> Exceeds Expectations			
<input type="checkbox"/> Meets Expectations			
<input type="checkbox"/> Does Not Meet Expectations			

Section #4			
<b>SIGNATURES UPON COMPLETION OF PERFORMANCE APPRAISAL</b>			
Employee's Acknowledgement/Comments:		Supervisor's Certification:	
My performance for the rating period has been discussed with me. I understand that I may rebut this rating by attaching my comments.		This rating was discussed with the employee on the following date:	
My signature does not necessarily mean agreement. (Check if comments attached.) <input type="checkbox"/>			
Employee's Signature		Supervisor's Signature	Date
Date		Signature of Reviewing Officer	Date
		Signature of Appointing Authority	Date

SUMMARY INSTRUCTIONS FOR COMPLETING THE  
EMPLOYEE PERFORMANCE APPRAISAL FORMS, HRD 526, 527, 528, and 529

(Refer to Performance Appraisal System Supervisory Manual, Revised July 2001, for more detailed information)

Section #1: • Review preprinted information for errors. Check with your Departmental Personnel Office before changing/adding information.

Section #2: Phase I - Performance Planning, Communication of Performance Expectations/Requirements, and Goals/Projects

- List any special goals/projects (related to employee's class of work), unless noted on other documents, to be completed during the rating period. If additional goals/projects are set during the rating period or original goals/projects are changed, discuss them with your employee at the time.
- Additional categories (i.e., "Optional" categories) may be selected if they apply to the employee's position by placing a checkmark (✓) in the appropriate boxes before meeting with the employee. Blue-collar non-supervisory workers should be rated on Performance Categories 1-5 only (i.e., "Fixed" categories), unless you strongly feel some of the "Optional" categories are applicable.
- Meet with the employee at the beginning or shortly after the start of the rating period to discuss how the PAS works. Explain the Performance Categories and your expectations/requirements to the employee. Explain how the employee can get an "Exceeds Expectations" rating.
- Inform the employee that if he/she gets a "Does Not Meet Expectations" rating in even one "Significant Category," noted by asterisk ("\*"), the "Overall Rating" will be "Does Not Meet Expectations".
- Ask employee to sign.<sup>1</sup>

Sections #5 & 6: Phase II - Performance Monitoring and Coaching

- Observe, monitor, and coach the employee throughout the rating period.
- Talk to the employee throughout the rating period about his/her work performance.
- Record on the Supervisor's Discussion Notes Form, HRD 529, (SDN) significant incidents of outstanding and/or substandard work performance. If the notes describe performance problems/deficiencies, be sure to follow the steps in the PAS Supervisory Manual under "Documentation." Discuss these notes with the employee and ask him/her to initial the form.<sup>1</sup> Give the employee a copy of any notes describing performance problems/deficiencies.
- Encourage the employee to talk with you throughout the rating period about any job-related questions or concerns.

Sections #3, 4, 5: Phase III - Completion of the Appraisal

- Review the following and other relevant documents, which can help you to objectively rate the employee.
  - \* Performance expectations/requirements established in Phase I, Performance Planning.
  - \* Performance Categories, especially the Significant Categories of Quality & Quantity & Timeliness.
  - \* Supervisor's Discussion Notes (HRD 529).
  - \* Conditions beyond the employee's control that may have affected the employee's performance.
- Complete Section #3, "Overall Rating," based on the Final Ratings for the "Significant Categories."
  - \* An Overall "Exceeds Expectations" rating must be supported by notes on the SDN.
  - \* An Overall "Does Not Meet Expectations" may not be given unless the employee was first given a "Notice to Improve Performance" and given a reasonable period, up to three months, to bring the employee's performance to a satisfactory level.
  - \* You may use the "Supervisor's Comments" column to make any general employee performance comments.
- Set up a meeting with your employee to discuss the rating.
  - \* Encourage feedback from your employee.
  - \* Allow the employee to make written comments or a rebuttal on a separate sheet.
  - \* Have the employee sign Section #4.<sup>1</sup>
- Begin Phase I again for the next rating period.
- Give the employee a copy of the appraisal forms after the Reviewing Officer and the Appointing Authority sign the form.

<sup>1</sup> In phases I, II, & III, if the employee does not wish to sign/initial the form, note: "Employee does not wish to sign/ initial." You may ask a witness to date/sign, if necessary. Be careful the witness does not see confidential information.



Appraisal Period: From: _____ To: _____			
Name of Employee _____		Social Security No. _____	
Section #5 <b>PERFORMANCE CATEGORIES FOR SUPERVISORS</b>	<b>FINAL RATING</b>		
(BLUE COLLAR; WHITE COLLAR; REGISTERED PROFESSIONAL NURSE; INSTITUTIONAL, HEALTH & CORRECTIONAL WORKER; FIREFIGHTER; PROFESSIONAL & SCIENTIFIC)	Expectations		
Significant Categories are noted by “*”	Exceeds	Meets	Does Not Meet
<b>*QUALITY OF WORK UNIT OUTPUT</b>  1 Usually: work unit completes assigned work in accordance with work expectations. For example, work unit output is usually accurate, neat, and/or complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>*QUALITY &amp; TIMELINESS OF WORK UNIT OUTPUT</b>  2 Usually: work unit produces amount of work expected; completes work on schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>THE CATEGORIES BELOW MAY AFFECT THE RATINGS FOR QUALITY, QUANTITY &amp; TIMELINESS</b>			
<b>SUPERVISION</b>  3 Usually: monitors work unit progress, provides adequate direction, training, and coaching to staff; takes/recommends the appropriate corrective and/or disciplinary action when needed; provides needed help and/or training for employees with performance problems; encourages career growth for staff members; and/or provides equal opportunity/treatment in all aspects of supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPRAISING SUBORDINATES</b>  4 Usually: follows performance appraisal policies, guidelines, and procedures; communicates performance expectations at the beginning of the rating period; oversees and monitors employee performance; and/or rates subordinates (or recommends ratings) objectively, on time, and on work expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLANNING, ORGANIZING, SETTING PRIORITIES</b>  5 Usually: prioritizes assignments satisfactorily to minimize crisis situations; shows foresight to prevent potential problems and works in contingencies when making short- and/or long-range plans; proposes and reviews benchmarks to monitor work progress and makes work plan adjustments as needed; and/or follows up on assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELIABILITY &amp; INITIATIVE</b>  6 Usually: accepts responsibility; is flexible and, when requested, adjusts to varying job situations; and/or initiates work independently, as required for the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section #5 (Page 2) PERFORMANCE CATEGORIES FOR <u>SUPERVISORS</u>		Exceeds	Meets	Does Not Meet	0  ISUPERVISOR'S COMMENTS
7 <b>RELATIONSHIPS WITH OTHERS</b> Usually: works well with supervisor, team members, and/or others on assignments; accepts suggestions for improvement; is cordial when serving the public; and/or provides information, help, and/or coverage to others when needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 <b>SAFETY &amp; USE OF EQUIPMENT</b> Instructs and monitors subordinates to follow safety rules and regulations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHECK ADDITIONAL CATEGORIES BELOW IF APPLY TO EMPLOYEE					
9 <input type="checkbox"/> <b>FINANCIAL/BUDGET</b> Usually: prepares budget/financial plans according to rules/policies/deadlines; tracks and adheres to budget; makes sound decisions that consider cost/benefit; shows innovation in reducing expenses; and/or maximizes resources and minimizes costs in achieving objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 <input type="checkbox"/> <b>MISSION COMMITMENT</b> Usually: displays understanding of mission and goals of the department and/or work unit; and/or positively reinforces, supports, and pursues the attainment of established goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 <input type="checkbox"/> <b>COMMUNICATION</b> Usually: demonstrates oral and/or writing skills required for the job; and/or demonstrates open communication by sharing information and encouraging subordinate participation/feedback.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 <input type="checkbox"/> <b>JOB KNOWLEDGE</b> Usually: demonstrates knowledge of theoretical, practical, and/or routine aspects of present job in accordance with work expectations; works with minimal direction; applies the correct instructions, guidelines, policies, procedures, and rules to assigned work; remains up-to-date on current trends in the profession; offers ideas, concepts, techniques, and/or creative solutions; and/or seeks new approaches to simplify and/or improve procedures, techniques, and processes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 <input type="checkbox"/> <b>PROBLEM SOLVING &amp; DECISION MAKING</b> Usually: identifies and clearly defines problems as they occur; accumulates and analyzes relevant information; uses discretion/judgement to select workable solutions to problems; presents alternative solutions when making recommendations; and/or gets opinions of others, when needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 <input type="checkbox"/> <b>OTHER</b> (Add, if needed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



[illegible]